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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* (MA)  
 This application is a CON of 09/905,725 02/01/2000 PAT 6,709,341

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None (MA)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 5	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature (Signature)	Initials (Initials)	

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TITLE

Wheel chair-accessible billiard table

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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